



STATE OF ARIZONA

DEPARTMENT OF REAL ESTATE

2910 N. 44TH ST., SUITE 100

PHOENIX AZ 85018

(602) 468-1414

400 W. CONGRESS, SUITE 523

TUCSON AZ 85701

(520) 628-6940

www.re.state.az.us

This document may be obtained in alternative formats
by calling (602) 468-1414 extension 100.

FOR DEPARTMENT USE ONLY

LICENSE CHANGE FORM FORM LI-201

Licenses must be returned with this form
pursuant to Commissioner's Rule R4-28-303(E)(6)

Legal Name (Last, First, MI): _____

License No.: _____ Expiration Date: _____

Signature of Licensee: _____ Date: _____

Effective Date: _____

Date Entered: _____ By _____

TF 1 _____ TF 2 _____ PC Mailed _____

HAVE YOU READ THE INSTRUCTIONS ON THE REVERSE SIDE?

CHANGE FROM

See reverse side for instructions and fees

CHANGE TO

A

- ☐ Salesperson ☐ Active ☐ Business Address Change
☐ Associate Broker ☐ Inactive ☐ Real Estate
☐ Designated Broker ☐ Transfer ☐ Cemetery
☐ Entity ☐ Name Change ☐ Membership Camping

- ☐ Salesperson ☐ Active ☐ Business Address Change
☐ Associate Broker ☐ Inactive ☐ Real Estate
☐ Designated Broker ☐ Transfer ☐ Cemetery
☐ Entity ☐ Name Change ☐ Membership Camping

B

- Entity Type: ☐ Sole Proprietorship ☐ Limited Partnership
☐ Corporation ☐ Limited Liability Company
☐ Partnership ☐ Non-resident Broker

- Entity Type: ☐ Sole Proprietorship ☐ Limited Partnership
☐ Corporation ☐ Limited Liability Company
☐ Partnership ☐ Non-resident Broker

C

- ☐ Main Office ☐ Branch Office
 Entity Name: _____
 DBA Name: _____
 Entity License No.: _____
 Business Address: _____
 City, State, ZIP: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Business Telephone: _____
 Fax No. _____
 Print designated broker's name: _____

- ☐ Main Office ☐ Branch Office
 Entity Name: _____
 DBA Name: _____
 Entity License No.: _____
 Business Address: _____
 (Physical location of licensee)
 City, State, ZIP: _____
 Mailing Address: _____
 (If different than business address)
 City, State, ZIP: _____
 Business Telephone: _____
 Fax No. _____
 Print designated broker's name: _____

DESIGNATED BROKER'S SIGNATURE: _____

IF SOLE PROPRIETOR, IN SIGNING THIS FORM, I DECLARE I AM THE ONLY PERSON WHO
OWNS, HAS EXCLUSIVE TITLE OR LEGAL RIGHT TO THIS BUSINESS.

DESIGNATED BROKER'S SIGNATURE: _____

IF SOLE PROPRIETOR, IN SIGNING THIS FORM, I DECLARE I AM THE ONLY PERSON WHO
OWNS, HAS EXCLUSIVE TITLE OR LEGAL RIGHT TO THIS BUSINESS.

- ☐ Check here if you are signing this form as a broker's designee pursuant to A.R.S. § 32-2127(D).
 Attach a copy of the broker's designation letter to this form.

D

PRIOR LEGAL NAME: _____ NEW LEGAL NAME: _____
 (Individual) (Individual)

E

☐ TITLE COMPANY ☐ TRUST ACCOUNT SEE *NOTE ON REVERSE SIDE
 IF USING A TRUST ACCOUNT, LIST ON A SEPARATE SHEET BANK NAME, LOCATION, ACCOUNT NAME AND NUMBER OF EACH BROKER'S
 TRUST ACCOUNT PURSUANT TO A.A.C. R4-28-303(E)(2)(C).

CHECKLIST FOR EMPLOYING CHANGE FORM LI-201

Licenses must be returned with form LI-201 when making any changes to your license pursuant to Commissioner's Rule: R4-28-303 (E)(6).

FOR THE FOLLOWING CHANGES, PROVIDE ALL DOCUMENTATION OR INFORMATION NEEDED TO COMPLETE THE REQUESTED CHANGE. **DO NOT USE THIS FORM FOR SALESPERSON/ASSOCIATE BROKER CHANGES.**

☐ **ACTIVE DESIGNATED BROKER OR SOLE PROPRIETOR TO INACTIVE STATUS (SEVER):**

A letter resigning as the designated broker (sole proprietor) and sever any employees. **NO FEE REQUIRED.**

☐ **CHANGE TO DESIGNATED BROKER OR SOLEPROPRIETOR: Sole Proprietor to Designated Broker:**

Submit form LI-202 to sever as associate broker and change your license status to designated broker (sole proprietor);

If becoming the Designated Broker of a corporation, submit a corporate resolution stating that the designated broker was elected or appointed as a corporate officer, naming the office held and stating that the individual was appointed to act as designated broker for the corporation.

If becoming the Designated Broker of an LLC, submit resolution signed by all members stating whether management of the limited liability company is established as a manager-controlled or member-controlled and the name of the member or manager appointed to act as the designated broker.

If becoming the Designated Broker for a Partnership, an agreement signed by all the partners stating the name of the partner appointed to act as designated broker for the Partnership; Contact the Department. Provide proof of attendance at a Broker Management Clinic within the current license period. **\$10 or each office and licensee affected by the change.**

Designated Broker to Sole proprietor, submit this form to sever as associate broker and change your license status to sole proprietor.

If Designated Broker to Sole Proprietor, submit letter of resignation as designated broker, form LI-201. If a DBA name is to be used, the name must be approved prior to licensure. Provide proof of attendance at a Broker Management Clinic within the current license period. **\$10 fee.**

☐ **CHANGE OF DESIGNATED BROKERS:** The current broker shall submit a letter of resignation and return the designated broker's and the employing broker's license to the Department. Employing broker must submit change form LI-201, new resolution and **\$10.00 for each license affected by the change.**

☐ **ENTITY NAME / DBA NAME OR BUSINESS ADDRESS CHANGE:** For entity name change; If a corporation, submit a copy of "filed" Amended Articles of Incorporation. For an LLC, submit a copy of "filed" Amended Articles of Organization. If a Partnership, submit a copy of an agreement signed by all partners. The name must be approved prior to licensure. **For an entity address change, attach current list of licensees and licenses and \$10.00 for each license affected by the change.**

☐ **NON-RESIDENT BROKER:** Non-resident brokers who maintain their principal office outside Arizona, shall maintain a trust account in Arizona for monies received from the transactions in Arizona and maintain copies of records of all Arizona transactions handled by the broker. Provide a letter stating person's name, address and phone number, who will have possession of records must be on file with the Department. A non-resident broker who employs any licensees within the state, shall establish a branch office in Arizona, appoint a branch manager and provide a statement describing how the licensee shall be supervised pursuant to R4-28-302 (K).

IMPORTANT NOTE:

This is notification of one or more deficiencies in your application. Please correct or submit the deficiencies by the deadline noted or your application will be deemed incomplete and the file closed. The Department must grant or deny a license within a specific period of time once an application is complete. An applicant also has a specific period of time in which to correct any identified deficiency. If you do not provide or correct the identified item(s), or provide the additional information as requested, the application shall be deemed "incomplete" or "withdrawn" and the file closed. If you later wish to apply for a license, you must submit a new application, including applicable fees. R4-28-103. If the Department does not grant or deny a license based on a completed application within the allowed time period, the application fee is refunded to the applicant. A.R.S. § 41-1073 et seq.

Persons with disabilities who need this document in an alternative format should contact Business Services at 602.468.1414, ext. 101, or IADA@re.state.az.us. To make their needs known.